

Bucket No. 4017-02800

DECLARATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship is as stated next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "LIFESTYLE MULTIMEDIA SECURITY SYSTEM" the specification of which was filed on February 1, 2002 as Application Serial No. 10/061,959 or, if not identified here by filing date and serial number, is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56(a). I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed:

Application No. _____ in _____ on _____ priority claimed () Yes () No

Application No. _____ in _____ on _____ priority claimed () Yes () No

Application No. _____ in _____ on _____ priority claimed () Yes () No

I hereby direct that all correspondence and telephone calls be addressed to:

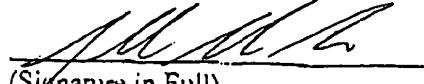
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I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER, THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER 18 USC 1001 AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Docket No. 4017-02800

SOLE OR JOINT

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(Signature in Full)

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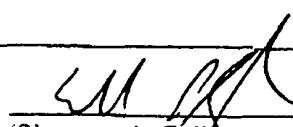
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SOLE OR JOINT

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